3. Rapid Diagnostic Kits for malaria case detection has been introduced for piloting.

4. Identification of referral center for the management of severe and complicated malaria.

5. Providing alternative anti-malarials in Chloroquine resistant areas.

6. Vector Control measures have been intensified by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.

7. Newer and more effective alternative insecticides like Synthetic Pyrethroids have been introduced in the programme.

8. Information Education and Communication (IEC) has been intensified and metropolitan cities like Chennai, Calcutta etc. have been given additional funds through Enhanced Malaria Control Projects (EMCP) with World Bank support for IEC activities.

9. Capacity Building and Management Information system arc being strengthened in the country under EMCP.

10. Capabilities for Epidemic preparedness and rapid response are being strengthened.

**Special Session of UN General Assembly on AIDS**

794. SHRI RAMDAS AGARWAL: Will - the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the UN General Assembly held a Special Session from June 25th to 27th in New York to discuss the spread of AIDS, the biggest scourge to hit humanity;

(b) if sft, what time table for education, prevention, treatrment, care programmes was set by World body and who represented India at UN Special Session;

(c) whether India has the second largest number of AIDS cases in the World being next to South Africa;

(d) if so, the comparative figures thereof, country-wise; and

(c) the programmes, so far, chalked-out by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir.

The UN General Assembly special session on HIV/AIDS was held from June 25th—27th, 2001 in New York. The Indian delegation was headed by Union Minister for Health & Family Welfare. The leader of opposition, Smt. Sonia Gandhi gave an inspiring speech expressing firm commitment of Indian Govt, to tackle the HIV/AIDS epidemic in the country.

The time table for various interventions set by World body is given in the Statement, *(see* below)

(c) and (d) Yes, Sir.

The estimated number of HIV infections in India is 3.86 million as compared to 4.2 million in South Africa. However, prevalence rate of HIV in adult population in South Africa is about 20 per cent as compared to 0.35 in General population in India.

(c) Govt, of India has launched a comprehensive National AIDS Control Programmes Phase-II in November, 2000 with the following key components.

► Reducing the spread of HIV in groups a t high-risk by identification of target populations and providing peer counseling, condom promotion, treatment of sexually transmitted infections etc.

► Preventive intervention for the general population by Information, Education and Communication (IEC) and awareness campaign, provision of voluntary testing and counseling, safe bloods transfusion services and prevention of occupational exposure.

► Providing financial assistance for opportunistic infections, home and community based care to People living with HIV/AIDS.

► Strengthening effectiveness and technical, managerial, financial sustainability at National, State and Municipal levels.

► Promoting collaboration amongst public, private and voluntary sector.

**Statement**

*Summary of the time table set by UN General Assembly Special Session on HIV/AIDS held on 25th—27th June, 2001*

By the year 2003—

- Ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS.
- Integrate HIV/AIDS prevention, care treatment and support and impact mitigation priorities into the mainstream of development planning.
- Establish time bound National targets to achieve the internationally agreed global prevention goal.
- Establish national prevention targets, recognizing and addressing factors leading to the spread epidemic and increasing people's vulnerability.
- Implement universal precautions in health-care settings to prevent transmission of HIV infection.
- Ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS.
- Enact, strengthen or enforce as appropriate legislation, regulations and other measures to
- eliminate all forms of discrimination against PLWHA and members of vulnerable groups.
- To complement prevention programmes that address activities which place individuals at risk of HIV infection.
- Develop and /or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability.
- Develop and/or strengthen national strategies, policies and

programmes, supported by regional and international initiatives.

- Ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines are evaluated by independent committees of ethics.
- Develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment.
- Evaluate the economic and social impact of the HIV /AIDS epidemic and develop multisectoral strategies.
- Have in place national strategies to address the spread of HIV among national uninformed services.
- Establish or strengthen effective monitoring systems.

By the year 2005—

- To reduce HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 percent.
- Strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors.
- Ensure that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries.
- Ensure that at least 90% of young men and women aged 15 to 24 have access to the information, education including peer education.
- Reduce the proportion of infants infected with HIV by 20% by ensuring that 80% of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them.
- Develop and make significant progress in implementing comprehensive care strategies to: strengthen family and

community-based care.

- Implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection.
- Ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights.
- Implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS.
- Through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between USS 7 billion and USS 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion.

By the year 2010—

- To reduce HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 percent globally.
- Ensure that at least 95 percent of young men and women aged 15 to 24 have access to the information, education, including peer education.
- Reduce the proportion of infants infected with HIV by 50 percent.

**Disposing off Biological Wastes by Delhi Based Hospitals**

† 795. SHRI RAJNATH SINGH 'SURYA': Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Delhi based hospitals of the Central Government are properly disposing off the biological wastes;

† Original notice of the Question was received in Hindi.